

December 14, 2004

Janet A. Lake
Administrator

Nebraska Motor Fuels Tax Refund Claim		FORM 84																																										
• Read instructions on reverse side																																												
Nebraska ID _____	Federal Employer ID _____	Period Covered by this Claim _____																																										
NAME AND ADDRESS OF CLAIMANT		Beginning _____ 20 _____ Ending _____ 20 _____																																										
Name _____		E-mail Address _____																																										
Street Address _____		Mailing Address If Different Than Street Address _____																																										
City _____	State _____ Zip Code _____	Contact Person _____ Telephone Number () _____																																										
Indicate reason for the claim:																																												
<input type="checkbox"/> Use in unlicensed equipment. Indicate general type of equipment _____ <input type="checkbox"/> Purchases by agencies of the federal government																																												
<input type="checkbox"/> Use in refrigeration units <input type="checkbox"/> Gasoline used as aviation fuel																																												
<input type="checkbox"/> Accidental contamination of fuel: Types of fuel _____ <input type="checkbox"/> Other _____																																												
Was this fuel withdrawn from a bulk storage tank which was also used to fuel licensed vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO																																												
Additional information: _____																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Product</th> <th>Gallons</th> <th>Refund Rate</th> <th>Amount</th> <th>Less: Adjustments (see instructions)</th> <th>Net Amount Claimed</th> <th>For Dept. of Revenue Use Only</th> </tr> </thead> <tbody> <tr> <td>Gasoline, Gasohol, Ethanol</td> <td>_____ X _____</td> <td>_____</td> <td>= \$ _____ .00*</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td style="text-align: center;">Approved \$ _____</td> </tr> <tr> <td>Undyed Diesel</td> <td>_____ X _____</td> <td>_____</td> <td>= \$ _____ .00*</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td style="text-align: center;">Approved \$ _____</td> </tr> <tr> <td>Aviation Gasoline</td> <td>_____ X _____</td> <td>\$0.05</td> <td>= \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jet Fuel</td> <td>_____ X _____</td> <td>\$0.03</td> <td>= \$ _____ .00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Aviation Fuels</td> <td>_____</td> <td></td> <td>\$ _____ .00*</td> <td>\$ _____ .00</td> <td>\$ _____ .00</td> <td style="text-align: center;">Approved \$ _____</td> </tr> </tbody> </table>			Product	Gallons	Refund Rate	Amount	Less: Adjustments (see instructions)	Net Amount Claimed	For Dept. of Revenue Use Only	Gasoline, Gasohol, Ethanol	_____ X _____	_____	= \$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____	Undyed Diesel	_____ X _____	_____	= \$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____	Aviation Gasoline	_____ X _____	\$0.05	= \$ _____ .00				Jet Fuel	_____ X _____	\$0.03	= \$ _____ .00				Total Aviation Fuels	_____		\$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____
Product	Gallons	Refund Rate	Amount	Less: Adjustments (see instructions)	Net Amount Claimed	For Dept. of Revenue Use Only																																						
Gasoline, Gasohol, Ethanol	_____ X _____	_____	= \$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____																																						
Undyed Diesel	_____ X _____	_____	= \$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____																																						
Aviation Gasoline	_____ X _____	\$0.05	= \$ _____ .00																																									
Jet Fuel	_____ X _____	\$0.03	= \$ _____ .00																																									
Total Aviation Fuels	_____		\$ _____ .00*	\$ _____ .00	\$ _____ .00	Approved \$ _____																																						
*If this amount is less than \$25 within a calendar year, you are not eligible for a refund.																																												
Petroleum Release Remedial Action Fee																																												
Motor Vehicle Fuels	_____ X _____	\$0.009	= \$ _____ .00																																									
Other Petroleum Products	_____ X _____	\$0.003	= \$ _____ .00																																									
Total Fee	_____		\$ _____ .00**			Approved \$ _____																																						
**If this amount is less than \$10 within a calendar year, you are not eligible for a refund.																																												
Under penalties of law, I declare that I have examined this claim and to the best of my knowledge and belief, it is correct and complete. I further declare that unless used by an agency of the federal government, a Native American, or by buses for hire, none of the fuel claimed for refund was used in a licensed motor vehicle. I also declare that payment of this claim has not been previously made by the state and records supporting this claim are subject to audit for a period of three years from the date the claim was filed.																																												
sign here ▶	Authorized Signature _____	Telephone Number _____																																										
	Signature of Preparer Other Than Taxpayer _____	Telephone Number _____																																										
Title _____	Date _____	Address _____																																										
FOR MOTOR FUELS DIVISION USE ONLY																																												
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS ADJUSTED <input type="checkbox"/> DISAPPROVED																																												
COMMENTS: _____																																												
Printed on recycled paper <div style="text-align: right;"> Authorized Signature _____ Date _____ </div>																																												
Mail this claim, with substantiating documentation to: MOTOR FUELS DIVISION, P.O. BOX 98904, LINCOLN, NE 68509-8904 <small>3-194-1975 Rev. 10-2004 Supersedes 3-194-1975 Rev. 7-2001</small>																																												